## **Norridge Police Department**

## Accident Review Board

Date assigned	Member	Present	Excused	Unexcused
5/1/2003	Sgt.Orlando	X		
5/1/2003	Cpl. Schober		X	
12/1/2012	Off. Turano	X		
5/1/2003	Off. Malicki	X		

Review Date: 07/16/15 M/V Crash: 15-09165

Officer: Sgt. Schober #203 Squad #519

## 1. Classification 1.

a. The incident was NON-PREVENTABLE and the employee was not at fault. Caution was apparently excercised.

b. The employee was legally parked or standing.

- c.The employee was aware of the impending hazard, was alert to the consequences and skillful in minimizing the effect of the hazard.
- d.In incidents the board resolves to be Classification I,no disciplinary action will be taken.

## 2. Classification II.

- a. The employee failed to exercise reasonable and due care.
- b.The employee deviated inexcusably from Dept. Rules and Regulations, Procedures and/or General Safety Practices. procedures and/or general safety practices.
- c.In incidents the board resolves to be Classification II, disciplinary action recommended may be:
- (i) For the very first incident of record for the employee in a rolling 24 month period, a letter of reprimand will be issued and attendance and successful completion of a "Defensive Driving Course may be ordered. Only one letter of reprimand may be issued during the 24 month period in which the incident occurred.
- (ii)For a second Classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.
- (iii)For a third Classificaton II finding by the board in a 24 month period, a 3 day suspension without pay shall be imposed.

Recommendation: The board unanimously agreed 1b.

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	AFFIC CRASH I	REPORT	Sheet of Sheets				
DRAC PEDV TRFD	TRIFC WEAT DRIVA I VIS	MA VEHD U2	LIGHT COLL MANY 27 2	aga a *		*U130292	0 0 4
INVESTIGATING AGENCY	DAMAGE TO ONE PERSO	N'S 3501 - \$1 500	ON SCENE	No Injury / E		AGENCY CRASH REPORT NO.	TRFW
MOKKIDGE ADDRESS NO.	P · O VEHICLE / PRO	PERTY OVER \$1,500	AMENDED	REPORT) B Injury and /	or Tow Due To Crash	5 09165	7
4820			City Township	INTERSECTION Y YN	DATE OF CRASH TIME	LARS CODE	VEHT
(GRCLE) (GRC			COUNTY	PRIVATE DRIVE COLUMN		4 DAM 78400 CME	3 U1
AT INTERSECTION WITH	BUSINESS PARKIN	4 box	LOOK	V	VITH VEHICL	ENMOTOR LARS CODE ESINVLD 59998SPC	- 1
NAME SORVER PARKED DRIV	erless 🗌 ped 📗 pedal 🔝 eques 🔲 nav 🗍	NCV DATE OF BIRTH		ODEL YEAR	PEDALCYCLIST? SIN SON	FRONT V N	NO LANE
MAST FIRST MI TOMEZY	K, SONIA A		MAZOA	3 12	FOR DAMAGED AREA(S)	8 TOWED DUE TO GRASH D	
STREET ADDRESS	PARK AVE	SEX SAFT AR 2 4	PLATE NO. ST	ATE YEAR	10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS)	FIRE []	
CITY	STATE ZP	INJURY EJECT	VN	IV 16	12 - OTHER 99 - UNKNOWN	7 9 3 CELLPHONE DEXCEEO	1
HAKWOOD HEIGH TELEPHONE	as ic	01			POINT OF FIRST CONTACT	COM VEH   *	RSUR
708	DRIVER LICENSE NO.	STATE CLASS	VEHICLE OWNER (LAST, FIRST M.	1)	INSURANCE CO. EKLE IN		-11
TAKENTO	EMS AGENCY		OWNER ADDRESS (STREET, CITY	SIAIE, ZP)		S. Exchange	VEHU
	FRLESS   PED   PEDAL   BOUES   NAV	l-A	N				U17
(LAST, FIRST, MI)	PATES CLAST CLASTIC CLASSICS CLASTACT	NOV DATE OF BIRTH		DEL YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S)	Y N	10
STREET ADDRESS	······································	mo day yr SEX SAFT AIR		VINDRIA II	00 - NONE 10 - UNDER CARRIAGE	TOWED DUE TO CRASH   FIRE	4
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708.453.4770	DRIVER LICENSE NO.	STATE CLASS	VEHICLE OWNER (LAST, FIRST M.		FIRST CONTACT	DEAD I I VEC CE CIDEDAD	196
TAKEN TO	EMS AGENCY		VILLAGE OF	Novnione	UNDERW	Restrict As Loyals	
	EINS AGENCY		OWNER ADDRESS (STREET, CITY, 4020 N - OLCOX	STATE ZIP)	TELEPHONE   POLI	164NO. 143005403	# 0000
(UNIT) (SEAT) (DOB) (SE		PASSENGERS A	WITNESSES ONLY (NAME) / (ADD	BV(IEL)	(HOSP)	(EMS)	=""
: 4					MIA	NIA	
1 5					NIA	NIA	DIRP
	2401				NIA	NIA	1
				7	INDEPENDENT		UI
(EVNO) (MOST) (EVNT) (LOC)	DAMAGED PROPERTY OWNER NAME			7	WITNESS		U <sub>2</sub>
1 2 7 5			DAWAGED PROF	ERTY	CONTRIBUTORY CAUSE(S)	POSTED DID CRASH OF	
7 2 🗆	PROPERTY OWNER ADDRESS		CITY	STATE	ZIP PRIMARY 30	SPEED DID CRASH OF	DNE? ZN
i 3 🗆	ARREST NAME		SECTION	CITATION NO		IF YES CHECK (	
1 1 199 5	Dania lonczyk ARRESTNAME		11/407	6-107 1B-37392		☐ CONSTRUC ☐ MAINTENAN	
1 2 0	· · · · · · · · · · · · · · · · · · ·		SECTION 102-	ol PB3439	DATE POLICE NOTIFIED  7 /day Vyr (5	TIME NOTIFIED UTILITY	RK 70NF TYPE
	OFFICER ID. SIGNATURE	. 0	BEAT / DIST. SUPER	IVISORID.	court date	1 76/12/201	<b>-</b>
	24		2			COURT TIME AM WORKERS PRE	SENT?
REMEMBER TO	USE BLACK INK,	PRESS HAP	RD, PRINT LE	GIBLY AND C	OMPLETE ALL	T I IN	

U130292004 A Diagram and Narrative are required on all Type B crashes, even if units have been moved prior to the officer's arrival.					COMMERCIAL MOTOR VEHICLE (CMV)	
			INDICATE BY AF	E NORTH RROW	IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.  A CMV is defined as any motor vehicle used to transport passengers or property and:  1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or	
				·	Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or	
			NOT T SCAL	D E	3. Is designed to carry 15 or twee passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger or or	
•	2				4. Is used or design and to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific garpocs); or	
BUSINESS PAKKING LOT					5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).	
					CARRIER NAME	
		CUMBELAND AVE			ADDRESS	
NARRATIVE (Refer to vehicle by Unit No.)					CITY/STATE/ZIP	
KIO LEAKNED THE	FOLLOWING : NH !	RELATED SHE WAS	BACKING		USDOT NO. ILCC NO.	
FROM A PARKING	SPOT IN THE	BUSINESS PAKKING L	or Locus	ED	Source of above info.	
AT 480 COMBRUSO	UD WHEN THE RE	an BUMPER STRUCK	FUNIT		Gross Vehicle Weight Rating (GVWR)	
DRIVER SIDE FENDER OF UNIT2 (PARKED). UNIT2 RELATED HE WAS DUTSIDE					Were HAZMAT placards displayed on the vehicle? ☐ Y ☐ N	
				TSIDE	If yes, name on placard	
OF HIS VEHILLE W	HEN HE NOTICED	UNITI BACKING FR	on THE		Did HAZMAT spill from the vehicle (do not consider fuel from the	
PARKING SPOT AND STRIKE HIS VEHILE. NO INJURIES KEPORTED ON					vehicle's own tank)? ☐ Y ☐ N ☐ UNK  Did HAZMAT Regulations violation contribute to the crash?	
		CITATIONS FOR IMPI			OY ON OUNK	
		- 1	Did Motor Carrier Safety Regulations (MeS) violation contribute to the crash?			
MOKE THAN ONE PA		PERTY	Was a Diver/verticle Experimation report form completed?			
UNIT 2 WAS A	MARKED POLICE	VEHILLE (519).			HAZMAT N UNK Out of Service? Y N MCS Y N UNK Out of Service? Y N N UNK Out of Service? Y N N Form No.	
					IDOT PERMIT NO WIDE LOAD?	
LOCAL USE ONLY					TRAILER 2	
UI Color BALLE U	2 Color B(A-1-				SELECT CODES FROM BACK COVER OF CRASH-BOOKLET:	
Ut Towed by / to	Direct	J2 Towed by / To ~ / A			VEHICLE CONFIGURATION CARGO BODY TYPE LOAD TYPE	
		717				